

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
BAYADA HOME HEALTH CARE, INC. POLITICAL ACTION COMMITTEE (a.k.a. BAYADA U.S. PAC)			
ADDRESS (number and street)		290 CHESTER AVENUE	
<input type="checkbox"/> Check if different than previously reported. (ACC)	MOORESTOWN	NJ	08057
2. FEC IDENTIFICATION NUMBER ▼		CITY ▲	STATE ▲
C C00485433			ZIP CODE ▲
3. IS THIS REPORT <input checked="" type="checkbox"/> NEW (N) OR <input type="checkbox"/> AMENDED (A)			
4. TYPE OF REPORT (Choose One)			
(a) Quarterly Reports:			
<input type="checkbox"/> April 15 Quarterly Report (Q1)	(b) Monthly Report Due On:	<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)
<input type="checkbox"/> July 15 Quarterly Report (Q2)	<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Aug 20 (M8)
<input type="checkbox"/> October 15 Quarterly Report (Q3)	<input type="checkbox"/> Apr 20 (M4)	<input checked="" type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> January 31 Year-End Report (YE)		<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> July 31 Mid-Year Report (Non-election Year Only) (MY)			<input type="checkbox"/> Jan 31 (YE)
<input type="checkbox"/> Termination Report (TER)			
(c) 12-Day PRE-Election Report for the:			
<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)	
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)		
Election on		M M M / D D D / Y Y Y Y Y Y	in the State of
(d) 30-Day POST-Election Report for the:			
<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)	
Election on		M M M / D D D / Y Y Y Y Y Y	in the State of
5. Covering Period			
M M M / D D D / Y Y Y Y Y Y	06 / 01 / 2015	through	M M M / D D D / Y Y Y Y Y Y
06	01		06 / 30 / 2015

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Angelo Terrana

Signature of Treasurer Angelo Terrana

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y
07 / 11 / 2015

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

BAYADA HOME HEALTH CARE, INC. POLITICAL ACTION COMMITTEE (a.k.a. BAYADA U.S. PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 06 / 01 / 2015 To: M M / D D / Y Y Y Y Y Y 06 / 30 / 2015

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2015		24886.56
(b) Cash on Hand at Beginning of Reporting Period.....	34844.02	
(c) Total Receipts (from Line 19)	4789.74	28447.20
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	39633.76	53333.76
7. Total Disbursements (from Line 31)	7500.00	21200.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	32133.76	32133.76
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	



This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

BAYADA HOME HEALTH CARE, INC. POLITICAL ACTION COMMITTEE (a.k.a. BAYADA U.S. PAC)

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	1		2	0	1	5

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	5

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	1192.00	3340.00
(ii) Unitemized	3597.74	25107.20
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	4789.74	28447.20
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	4789.74	28447.20
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3)	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))	4789.74	28447.20
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4789.74	28447.20

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	21200.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	7500.00	21200.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7500.00	21200.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4789.74	28447.20
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4789.74	28447.20
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	0.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

BAYADA HOME HEALTH CARE, INC. POLITICAL ACTION COMMITTEE (a.k.a. BAYADA U.S. PAC)

Full Name (Last, First, Middle Initial)

A. Mr. David Baiada

Mailing Address 101 Executive Drive

City State Zip Code
 Moorestown NJ 08057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bayada Nurses, Inc. U.S.

Occupation

Division Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.16935

Amount of Each Receipt this Period

80.00

Contribution of \$20 Weekly Payroll Deductions

Full Name (Last, First, Middle Initial)

B. Maureen Banks

Mailing Address 300 Congress Street,
Unit 404A

City State Zip Code
 Quincy MA 02169

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bayada Nurses, Inc. U.S.

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.16940

Amount of Each Receipt this Period

40.00

Contribution of \$10 Weekly Payroll Deductions

Full Name (Last, First, Middle Initial)

C. Joanne Bateman

Mailing Address 706 East Bell Road

City State Zip Code
 Phoenix AZ 85022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bayada Nurses, Inc. U.S.

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.16949

Amount of Each Receipt this Period

80.00

Contribution of \$20 Weekly Payroll Deductions

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

200.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BAYADA HOME HEALTH CARE, INC. POLITICAL ACTION COMMITTEE (a.k.a. BAYADA U.S. PAC)

Full Name (Last, First, Middle Initial)

A. Iris CognevichMailing Address 1 Central Avenue
Suite 202

City Tarrytown State NY Zip Code 10591

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bayada Nurses, Inc. U.S.

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2015

Transaction ID : SA11AI.17004

Amount of Each Receipt this Period

40.00

Contribution of \$.75 Weekly Payroll Deductions

Full Name (Last, First, Middle Initial)

B. Pamela DanenbergMailing Address 706 E. Bell Road
Suite 100

City Phoenix State AZ Zip Code 85022

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bayada Nurses, Inc. U.S.

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2015

Transaction ID : SA11AI.17019

Amount of Each Receipt this Period

40.00

Contribution of \$10 Weekly Payroll Deductions

Full Name (Last, First, Middle Initial)

C. Karen Dumm

Mailing Address 1 Executive Drive

City Moorestown State NJ Zip Code 08057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bayada Nurses, Inc. U.S.

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2015

Transaction ID : SA11AI.17029

Amount of Each Receipt this Period

40.00

Contribution of \$10 Weekly Payroll Deductions

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

BAYADA HOME HEALTH CARE, INC. POLITICAL ACTION COMMITTEE (a.k.a. BAYADA U.S. PAC)

Full Name (Last, First, Middle Initial)

A. Marion Fiero

Mailing Address 190 North 6th Street
Suite 701

City Philadelphia State PA Zip Code 19106

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayada Nurses, Inc. U.S.

Occupation
Division Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11Al.17044

Amount of Each Receipt this Period

84.00

Contribution of \$21.00 Weekly Payroll Deductions

Full Name (Last, First, Middle Initial)

B. Donna Heatherly

Mailing Address 1985 Tate Blvd.

City Hickory State NC Zip Code 28602

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayada Home Health Care, Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11Al.17075

Amount of Each Receipt this Period

40.00

Payroll Deduction \$10 contribution weekly

Full Name (Last, First, Middle Initial)

C. Cynthia Istvan

Mailing Address 101 Executive Drive
Suite 9

City Moorestown State NJ Zip Code 08057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayada Nurses, Inc. U.S.

Occupation
Manager

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11Al.17099

Amount of Each Receipt this Period

40.00

Contribution of \$10 Weekly Payroll Deductions

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

164.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BAYADA HOME HEALTH CARE, INC. POLITICAL ACTION COMMITTEE (a.k.a. BAYADA U.S. PAC)

Full Name (Last, First, Middle Initial)

A. Michael Johnson

Mailing Address 101 Executive Drive
Suite 8

City State Zip Code
Moorestown NJ 08057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bayada Nurses, Inc. U.S.

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11Al.17107

Amount of Each Receipt this Period

40.00

Contribution of \$10 Weekly Payroll Deductions

Full Name (Last, First, Middle Initial)

B. Alice Knott

Mailing Address 600 NE Front Street

City State Zip Code
Milford DE 19701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bayada Nurses, Inc. U.S.

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11Al.17118

Amount of Each Receipt this Period

40.00

Contribution of \$10 Weekly Payroll Deductions

Full Name (Last, First, Middle Initial)

C. Nick McCardle

Mailing Address 2 S. Main Street
Suite 2

City State Zip Code
Rotland VT 05701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bayada Nurses, Inc. U.S.

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11Al.17154

Amount of Each Receipt this Period

40.00

Contribution of \$10 Weekly Payroll Deductions

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BAYADA HOME HEALTH CARE, INC. POLITICAL ACTION COMMITTEE (a.k.a. BAYADA U.S. PAC)

Full Name (Last, First, Middle Initial)

A. Josieline Miller

Mailing Address 4510 Salt Lake Blvd
D-8

City State Zip Code
Honolulu HI 96818

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bayada Nurses, US

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.17170

Amount of Each Receipt this Period

40.00

Contribution of \$4 Weekly Payroll Deductions

Full Name (Last, First, Middle Initial)

B. Jean Mullin

Mailing Address 750 Shipyard Drive
Suite 100

City State Zip Code
Wilmington DE 19801

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bayada Nurses, Inc. U.S.

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.17184

Amount of Each Receipt this Period

80.00

Contribution of \$20 Weekly Payroll Deductions

Full Name (Last, First, Middle Initial)

C. Mr. Mike Nigro

Mailing Address 194 North Street

City State Zip Code
Bennington VT 05201

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bayada Nurses, Inc. U.S.

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.17192

Amount of Each Receipt this Period

40.00

Contribution of \$10 Weekly Payroll Deductions

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

160.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

BAYADA HOME HEALTH CARE, INC. POLITICAL ACTION COMMITTEE (a.k.a. BAYADA U.S. PAC)

Full Name (Last, First, Middle Initial)

A. Karen Rizzo

Mailing Address 7305 N. Mountain Shadows

City State Zip Code
Tucson AZ 85718

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayada Nurses, Inc. U.S.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2015

Transaction ID : SA11AI.17240

Amount of Each Receipt this Period

60.00

Contribution of \$15 Weekly Payroll Deductions

Full Name (Last, First, Middle Initial)

B. Chris Robbins

Mailing Address 50 Bryce Way

City State Zip Code
Phoenixville PA 19460

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayada Nurses, Inc. U.S.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2015

Transaction ID : SA11AI.17241

Amount of Each Receipt this Period

40.00

Contribution of \$10 Weekly Payroll Deductions

Full Name (Last, First, Middle Initial)

C. Thomas Sibson

Mailing Address 101 Executive Drive

City State Zip Code
Moorestown NJ 08057

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayada Nurses, Inc. U.S.

Occupation
CFO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
06 / 26 / 2015

Transaction ID : SA11AI.17275

Amount of Each Receipt this Period

40.00

Contribution of \$10 Weekly Payroll Deductions

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

140.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

BAYADA HOME HEALTH CARE, INC. POLITICAL ACTION COMMITTEE (a.k.a. BAYADA U.S. PAC)

Full Name (Last, First, Middle Initial)

A. Gregory Stewart

Mailing Address 2 S. Main Street
Suite 2

City State Zip Code
Rutland VT 05701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayada Nurses, Inc. U.S.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.17302

Amount of Each Receipt this Period

40.00

Contribution of \$10. Weekly Payroll Deductions

Full Name (Last, First, Middle Initial)

B. Phyllis Tarbell

Mailing Address Gryphon Building 1/2 Merchant Row

City State Zip Code
Rutland VT 05701

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayada Nurses, Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.17310

Amount of Each Receipt this Period

40.00

Contribution of \$10 Weekly Payroll Deductions

Full Name (Last, First, Middle Initial)

C. Denise Taylor-Carey

Mailing Address 22 Main Street

City State Zip Code
Wiluka HI 96793

FEC ID number of contributing
federal political committee.

C

Name of Employer
Bayada Nurses, Inc.

Occupation
Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.17315

Amount of Each Receipt this Period

40.00

Contribution of \$2 Weekly Payroll Deductions

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

120.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 13 OF 15

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

BAYADA HOME HEALTH CARE, INC. POLITICAL ACTION COMMITTEE (a.k.a. BAYADA U.S. PAC)

Full Name (Last, First, Middle Initial)

A. Angelo Terrana

Mailing Address 1875 I Street, NW
Suite 500

City State Zip Code
Washington DC 20006

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bayada Nurses, Inc. U.S.

Occupation

Director, Federal Government Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.17318

Amount of Each Receipt this Period

40.00

Contribution of \$10 Weekly Payroll Deductions

Full Name (Last, First, Middle Initial)

B. Frederick Thul

Mailing Address 10 Cove Court

City State Zip Code
Moorestown NJ 08057

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bayada Nurses, Inc. U.S.

Occupation

Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.17320

Amount of Each Receipt this Period

40.00

Contribution of \$10 Weekly Payroll Deductions

Full Name (Last, First, Middle Initial)

C. Cristin Toscano

Mailing Address 32 Maple Avenue

City State Zip Code
Morristown NJ 07960

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bayada Nurses, Inc. U.S.

Occupation

Division Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

300.00

Date of Receipt

06 / 26 / 2015

Transaction ID : SA11AI.17323

Amount of Each Receipt this Period

48.00

Contribution by \$12 Weekly Payroll Deductions

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

128.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 14 OF 15
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

BAYADA HOME HEALTH CARE, INC. POLITICAL ACTION COMMITTEE (a.k.a. BAYADA U.S. PAC)

<p>Full Name (Last, First, Middle Initial) A. Patricia Watson</p> <p>Mailing Address 31 Norwegian Wood Drive</p> <p>City Newark State DE Zip Code 19702</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Bayada Nurses, Inc. U.S. Occupation Director</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 250.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 06 / 26 / 2015 Transaction ID : SA11AI.17344</p> <p>Amount of Each Receipt this Period 40.00</p> <p>Contribution of \$10 Weekly Payroll Deductions</p>
<p>Full Name (Last, First, Middle Initial) B.</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Amount of Each Receipt this Period</p>
<p>Full Name (Last, First, Middle Initial) C.</p> <p>Mailing Address</p> <p>City State Zip Code</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y</p> <p>Amount of Each Receipt this Period</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p> <p>TOTAL This Period (last page this line number only)..... ▶</p>		<p>40.00</p> <p>1192.00</p>

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 15 OF 15

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

BAYADA HOME HEALTH CARE, INC. POLITICAL ACTION COMMITTEE (a.k.a. BAYADA U.S. PAC)

Full Name (Last, First, Middle Initial)

A. FRIENDS OF JOE HECK

Mailing Address PO BOX 750114

City
LAS VEGASState
NVZip Code
89136Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

JOE HECK

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NV

District: 03

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : SB23.16921

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

B. PALLONE FOR CONGRESS

Mailing Address PO BOX 3176

City
LONG BRANCHState
NJZip Code
07740Purpose of Disbursement
Contribution to Federal Candidate

011

Candidate Name

FRANK JR PALLONE

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2016

☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ

District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	16	/	2015

Transaction ID : SB23.16922

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7500.00

7500.00